



DISCOVERY STATION REGISTRATION AND PERMISSION FORM



CHILD'S NAME _____ DATE OF BIRTH ____/____/____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME TELEPHONE _____ WORK TELEPHONE _____

E-MAIL ADDRESS _____

Special Considerations, Allergies, Medications? _____

SCHOOL _____ GRADE _____ TEACHER _____

SCHOOL YEAR _____

WHO TO CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENT):

NAME _____ PHONE _____

PHYSICIAN _____ PHONE _____

OTHER PERSONS AUTHORIZED TO PICK UP CHILD:

NAME _____ PHONE _____

NAME _____ PHONE _____

...Use back of form for additional names if necessary...

If my child/ward should require minor or major medical treatment during the course of participation in Discovery Station activities, I give my permission to the Rock Hill Parks, Recreation and Tourism Department or medical staff which they may appoint to carry out the necessary treatment and to take my child/ward to the emergency room of the nearest hospital, if necessary, for the administration of treatment. I understand that I shall be responsible for all costs incurred in any such medical emergency.

I, the undersigned parent or guardian, hereby freely and knowingly waive and release the City of Rock Hill, its agents, employees, sponsors, and organizers from any and every liability and responsibility whatsoever for personal injury, property damage, or other loss sustained by the child named above as a result of or arising out of the child's participation in any activity conducted by the Rock Hill Parks, Recreation and Tourism Department. I assume all risks and hazards incidental to the conduct of the activity.

Parent's/Guardian's Signature _____ Date _____

Parent's/Guardian's Name (Please Print) _____

Address _____ City _____ State _____ Zip _____

This certifies that my child has permission to participate in the Discovery Station program.

(STAFF USE ONLY)

Program Site: FEWELL PARK CENTER

Staff Accepting Registration: